



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 21, 2006

Kevin Ryan, Administrator
Hillcrest Haven Convalescent Center
1071 Renee Avenue
Pocatello, ID 83201

Provider #: 135018

Dear Mr. Ryan:

On August 2, 2006, a follow-up revisit survey of your facility was conducted to verify correction of deficiencies noted during the Complaint Investigation survey of June 16, 2006. Hillcrest Haven Convalescent Center was found to be in substantial compliance as of **August 2, 2006**.

Your copy of a Post-Certification Revisit Report, CMS Form 2567B, listing deficiencies that have been corrected is enclosed.

Due to the fact that your facility is now back in substantial compliance, submission of weekly monitoring reports is no longer required. Also, enclosed is your full license effective **August 21, 2006** until **December 31, 2006**.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

LORETTA TODD, R.N.
Supervisor
Long Term Care

LT/dmj

Enclosures

cc: Budd Hetrick, Deputy Bureau Chief, Bureau of Occupational Licenses